

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1									
2									
3									
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44									
45									
46									
47									
48									
49									
50									
Total Indep	35								
Total Depend	31								
Total Claims	36								

11
20
31